

Provider *Insider*

Alabama Medicaid Bulletin

January 2002

The checkwrite schedule is as follows:

01/04/02	01/18/02	02/08/02	02/22/02	03/08/02	03/22/02	04/05/02	04/19/02	05/03/02
05/17/02	06/07/02	06/21/02	07/05/02	07/19/02	08/02/02	08/16/02	09/06/02	09/13/02

As always, the release of direct deposits and checks depends on the availability of funds.

Medicaid Requires All PHP Claims be Filed According to Guidelines

All PHP claims must be filed according to the established PHP filing limit guidelines. All inpatient claims must be filed within 120 days from the end of the fiscal year which begins October 1 and ends September 30. The filing limit is the last day of February of the following year. Listed below are examples of filing deadlines:

- Any inpatient claims for retroactive eligibility with dates of service from October 1 through September 30 that are filed after the last day of February of the following year will be denied by Medicaid. Hospitals must seek payment, if any, from the PHP. Recipients **may not** be billed for claims denied for this reason. However, a hospital that accepts a patient as private pay before rendering service is not obligated to bill Medicaid if the patient receives retroactive eligibility after the PHP filing limit. Recipients **may** be billed in these cases.
- Any inpatient claims with dates of service prior to October 1 of the previous fiscal year are considered outdated. Recipients **may not** be billed.
- Any inpatient claims with dates of service from October 1 through September 30 that are filed after the last day of February of the following year will be denied by Medicaid as exceeding the PHP filing limit. Recipients may not be billed for claims denied for this reason.
- Any inpatient claims with dates of service from October 1 through September 30 that are filed after the last day of February of the following year with third party liability action (either paid or denied) will be denied by Medicaid. The usual third party filing limits will not apply. Recipients may not be billed for claims denied for this reason.



In This Issue...

Medicaid Requires All PHP Claims be Filed According to Guidelines	1	Routine Prescriptions Can Be Written by Any Physician	2
New Referral Form Signature Requirements for Patient 1 st and EPSDT Providers	2	Clarification on Billing Emergency Room Facility Fees	3
Cervical Cancer Information	2	Important Mailing Addresses	3
Changes for Eyeglass Frames	2	Review of Mammography Services	3
Split Billing for Inpatient Claims	2	Correction and Clarification for Codes for Adult Vaccines	3
Medicaid Changes PA Policy for Ambulance Providers	2	State Fiscal Year 2001-2002 Checkwrite Schedule	4
Clarification of Flu Vaccinations	2		

Pass It On!

Everyone needs to know the latest about Medicaid.

Be sure to route this to:

- ☐ Office Manager
- ☐ Billing Dept.
- ☐ Medical/Clinical Professionals
- ☐ Other _____

New Referral Form Signature Requirements for Patient 1st and EPSDT Providers

A Patient 1st provider may designate someone in his/her office to sign on his/her behalf as long as he/she has permission or a memorandum of understanding (MOU), AND it is indicated on the referral form. A stamped signature with initials is adequate. If targeted case managers have an agreement with the Patient 1st provider and are filling out the form for the Patient 1st provider, they should indicate "Signature On File/MOU". For forms that are sent via e-mail, the Patient 1st provider should indicate "Signature On File" on the electronic version of the new referral form (form 362). The new referral form is available on Medicaid's website.

Cervical Cancer Information

While cervical cancer represents a statistically greater risk of death for women 65 years and older, the rate at which older women have Pap tests to detect the disease lags behind the rate for women who are 18 to 64 years old. That's a finding of the National Cancer Institute, which, along with the Centers for Medicare and Medicaid Services (formerly HCFA), has just released a series of consumer-friendly materials for clinicians to share with their patients. Nearly nine out of 100,000 older women die each year from cervical cancer, while only 2 of 100,000 younger women die from the disease. Despite this fact, only about 60% of older women have had the test in the last three years, as opposed to 83 % of younger women. Free packets of materials addressing this often highly treatable disease are available in English and Spanish by contacting NCI's Cancer Information Center at 1-800-4-CANCER or visiting NCI's website at www.cancer.gov.

Changes for Eyeglass Frames

The following eyeglass frames will be discontinued and will no longer be available after December 31, 2001:

1. Z5161 Stallion
2. Z5274 Mainstreet 229
3. Z5277 Jenny
4. Z5278 Boulevard 4007
5. Z5282 Looking Glass 9020

The following eyeglass frames will be available beginning January 1, 2002:

1. Z5291 Manchester Ltd. Ed. (metal) \$11.95
2. Z5321 B-216 Ltd. Ed. (zyl) \$11.95
3. Z5392 Robby Ltd. Ed. (metal) \$11.95
4. Z5398 IG-25 Philip Optics (zyl) \$11.70
5. Z5165 IG-27 Philip Optics (zyl) \$11.70
6. Z5168 Benji Ltd. Ed. (metal) \$11.95
7. Z5273 BI 224 Ltd. Ed. (zyl) \$11.95
8. Z5170 Uptown Ltd. Ed. (zyl) \$6.95
9. Z5293 IG-4 Philip Optics (metal) \$12.95

Please make these changes in your office protocol. These changes will be made in the next Provider Billing Manual update.

Split Billing for Inpatient Claims

Listed below are examples of claims that must be split billed:

- Claims that span more than one calendar month.
- Claims that span more than one calendar year.
- Claims that span the fiscal year end (Sept 30-Oct 1).
- Claims that span a Medicaid per diem rate change.

Contact the Institutional Services program at (334) 242-5587 if you have questions about Medicaid policy. Contact the Customer Services unit at (334) 242-5524 if you have questions about claims.

Medicaid Changes PA Policy for Ambulance Providers

Effective November 19, 2001 there has been a change in Medicaid policy for obtaining prior authorizations. Instead of the 48 hour time frame, ground ambulance providers now have ten (10) business days in which to obtain a prior authorization for non-emergency ambulance services of 30 miles or greater one way.

Routine Prescriptions Can Be Written by Any Physician

Please be aware that a recipient can have a prescription filled even though the prescribing physician is not that recipient's Primary Medical Provider (PMP). Prescriptions do not require a referral, although some prescription may require prior authorization.

Clarification of Flu Vaccinations

Although Medicaid reimburses for Flu Vaccines regardless of age, Vaccine for Children (VFC) stock may ONLY be used for children eligible for the VFC Program. Procedure codes 90657 and 90658 are part of the VFC stock. Procedure code 90659 is not part of VFC stock and may be billed for non-VFC Medicaid eligibles.

www.medicaid.state.al.us

Clarification on Billing Emergency Room Facility Fees

If services are provided in the emergency department, bill the appropriate ER facility fee code (99281-99285). If services are provided in the surgical suite, bill the appropriate surgical procedure code from the approved outpatient procedure list in the Medicaid Provider Manual. If you have questions, contact the Medicaid Institutional Services Program at 334-242-5587.

Review of Mammography Services

Listed below are the definitions, limitations, and procedure codes for Mammography services.

Diagnostic Mammography means a radiological procedure furnished to a man or woman with signs or symptoms of breast disease, or a personal history of breast cancer, or a personal history of biopsy-proven benign breast disease, and includes a physician's interpretation of the results of the procedure. Services are unlimited. The procedure codes are 76090 and 76091.

Screening Mammography means a radiological procedure furnished to a woman without signs or symptoms of breast disease, for the purpose of early detection of breast cancer, and includes a physician's interpretation of the results of the procedure. Services limited to one screening mammography every 12 months for women ages 50 through 64. The procedure code is 76092.

Updated ICD-9 Diagnosis Codes to be Used in 2002

The Alabama Medicaid Agency has updated its records to include the 2002 sixth edition of the ICD-9-CM diagnosis codes. As a reminder, all diagnosis codes must be carried to the highest subdivision. Effective January 1, 2002, Medicaid will only recognize codes in the 2002 sixth edition.

Correction and Clarification for Codes for Adult Vaccines

The following was published in the November edition of the Provider Insider and requires clarification and correction.

"The following immunization procedure codes located in the CPT may be given to adults over 19 years of age or above. These are 90658, 90707, 90713, 90716, 90718, 90732, and 90744. VFC vaccines can not be given to adults."

Two procedure codes (PC) were included in the list which should not have been. The two PCs listed in error are 90658 and 90732. These two PCs are VFC administration fee codes and should not have been included in the last article.

For clarification purposes, the intent of the article was to identify immunization PCs which are reimbursable for eligibles who are 19 years of age or older (who are not eligible to receive VFC stock). This applies to the following PCs: 90707, 90713, 90716, 90718, and 90744. If a Medicaid eligible is 19 years of age or older, the reimbursement fee is for the vaccine (actual medication). If a Medicaid eligible is under 19 years of age, the reimbursement fee is for the administration of the immunization. If you have questions, please call 334-242-5582.

Important Mailing Addresses

Pharmacy, Dental, and UB-92 claims	EDS Post Office Box 244033 Montgomery, AL 36124-4033
HCFA-1500	EDS Post Office Box 244034 Montgomery, AL 36124-4034
Inquiries, Provider Enrollment Information, Provider Relations, and Diskettes for Electronic Claims Submission (ECS)	EDS Post Office Box 244035 Montgomery, AL 36124-4035
Medicare Related Claims	EDS Post Office Box 244037 Montgomery, AL 36124-4037
Prior Authorization (to include Medical Records)	EDS Post Office Box 244036 Montgomery, AL 36124-4036
Adjustments / Refunds	EDS Post Office Box 244038 Montgomery, AL 36124-4038

REMINDER

Attention Nursing Home Providers Establishment of Medicial Need

All Medicaid certified nursing facilities are required to submit an admission packet within 60 days from the date Medicaid coverage is requested. The 60 days will be calculated from the date the application is received. All applications greater than 60 days will be assigned an effective date that is 60 days from the date received. No payment will be made for the days between the requested date and the assigned date. The facility will be informed in writing of the assigned effective date.

State Fiscal Year 2001-2002 Checkwrite Schedule

01/04/02	04/05/02	07/05/02
01/18/02	04/19/02	07/19/02
02/08/02	05/03/02	08/02/02
02/22/02	05/17/02	08/16/02
03/08/02	06/07/02	09/06/02
03/22/02	06/21/02	09/13/02

Alabama
Medicaid
Bulletin



Post Office Box 244035
Montgomery, AL 36124-4035

PRRST STD
U.S. POSTAGE
PAID
PERMIT # 77
MONTGOMERY AL